

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211526521

1.) CORPORATION NAME:

STARR TECHNICAL RISKS AGENCY, INC.

DUE DATE: **12/31/2011**

SCC ID NO: **F1453085**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 399 PARK AVENUE
9TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10022-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: RICHARD N SHAAK
TITLE: PRES/CEO
ADDRESS: FLOOR, 9
399 PARK AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

☒

OFFICER

☐

DIRECTOR

NAME: ANTHONY FREEMAN
TITLE: SVP
ADDRESS: FLOOR, 9
399 PARK AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

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OFFICER

☐

DIRECTOR

NAME: MICHAEL ELLSWORTH GARRISON
TITLE: SVP
ADDRESS: FLOOR, 9
399 PARK AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

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OFFICER

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DIRECTOR

NAME: JAMES JOSEPH REGAN
TITLE: SVP
ADDRESS: 399 PARK AVENUE
9TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

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OFFICER

☐

DIRECTOR

NAME: RONALD BERLER
TITLE: VICE PRESIDENT
ADDRESS: 399 PARK AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

NAME:	JOHN FREDERICK LLOYD CROUCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 WILSHIRE BLVD SUITE 2200		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017-		
NAME:	BRIAN STUART FRISCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Comptroller		
ADDRESS:	399 PARK AVENUE 9TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	MICHAEL J HORVATH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	399 PARK AVENUE 17TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	JAMES JEZEWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 PARK AVENUE 9TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	LAURA KEARSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 WILSHIRE BLVD. 22ND FLOOR		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017-		
NAME:	KEVIN MOONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	470 ATLANTIC AVENUE 3RD FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
NAME:	KENNETH M MOSIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	JAMES MULLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	GLENN D MURPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		

NAME:	JOANNE MARIE ZAJAC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MONROE STREET 26TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661-		
NAME:	LYNN BLAINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	5151 SAN FELIPE STREET SUITE 700		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-		
NAME:	JULIE CLIFFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 PARK AVENUE 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	TIMOTHY DRAG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	DAVID MACKEY GAGNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	FLOOR, 3 470 ATLANTIC AVENUE		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
NAME:	JOHN R SAHM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	BERNARD SLOAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	STANLEY SMARTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	1000 WILSHIRE BLVD SUITE 2200		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017-		
NAME:	SANG TRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	FLOOR, 9 399 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		

		<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RAYMOND MYLES WALSH		
TITLE:	AVP		
ADDRESS:	1000 WILSHIRE BLVD		
	22ND FLOOR		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ JULIE CLIFFORD</u>	JULIE CLIFFORD, ASST	<u>11/1/2011</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u>	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			